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APPLICANTS

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** CONTINUING DATA ****
(verified copy)
 This appln claims benefit of 60/411,561 09/17/2002

** FOREIGN APPLICATIONS ****
(None copy)

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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <i>(initials)</i>	STATE OR COUNTRY MA	SHEETS DRAWING 11	TOTAL CLAIMS 23	INDEPENDENT CLAIMS 3
Verified and Acknowledged Examiner's Signature	<input type="checkbox"/> yes <input type="checkbox"/> no Allowance <i>(initials)</i>				

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TITLE

3-D imaging system

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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